

CLAIMS ONLY

SERIAL NO. *099 420 S2* FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	/						
2		/					
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50		/					
TOTAL IND.			↓		↓		↓
TOTAL DEP.			←		←		←
TOTAL CLAIMS							

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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52		/				
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100						
TOTAL IND.		/			↓	
TOTAL DEP.		/			↓	
TOTAL CLAIMS		/			↓	

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS